CARE OF YOUNG INFANT AGED BIRTH UP TO 2 MONTHS

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>HC</th>
<th>Weight:</th>
<th>Temp:</th>
<th>Date:</th>
</tr>
</thead>
</table>

CHECK: Is the baby just been delivered? If yes, follow the Helping Babies Breathe approach
ASK: Does the child have any problems? If yes, record here:
ASK: Has the child received care at another health facility since birth? If yes, record here:

**CHECK FOR POSSIBLE BACTERIAL INFECTION AND JAUNDICE (ALL YOUNG INFANTS, CB p. 3)**

- convulsions with this illness
- apnoea
- Breaths per minute: ___ Repeat (if required): ___
- fast breathing
- severe chest indrawing
- nasal flaring or grunting
- bulging fontanelle
- fever (37.5°C or above) or low temperature (below 35.5°C or feels cold)
- only moves when stimulated
- pus draining from eye
- sticky discharge from eyes
- umbilical redness
- If yes, does it extend to skin or is pus draining?
- skin pustules present
- If yes, are they many or severe?
- Any jaundice if age less than 24 hours
- skin pustules extending
- If yes, does it extend to skin or is pus draining?
- yellow palms and soles
- Check: M

**DOES THE YOUNG INFANT HAVE DIARRHOEA? (CB p. 4)**

- Yes
- No

Diarrhoea for ___ days
- very young infant (> 1 month)
- blood in stool
- lethargic or unconscious
- restless and irritable
- sunken eyes
- Skin pinch
- Normal
- goes back slowly
- goes back very slowly (> 2 secs)

**If infant has not been seen by health worker before, CHECK FOR CONGENITAL PROBLEMS (CB p. 5)**

<table>
<thead>
<tr>
<th>Check: Mother RPR results</th>
<th>Check for Priority Signs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Cleft lip or palate</td>
</tr>
<tr>
<td>Negative</td>
<td>Imperforate anus</td>
</tr>
<tr>
<td>Unknown</td>
<td>Ambiguous Genitalia</td>
</tr>
<tr>
<td>If positive, Mother is</td>
<td>Nose not patent</td>
</tr>
<tr>
<td>Untreated</td>
<td>Macrocephaly</td>
</tr>
<tr>
<td>Partially treated</td>
<td>Abdominal distension</td>
</tr>
<tr>
<td>Tx completed &gt; a month before delivery</td>
<td>Very low birth weight (&lt; 2 kg)</td>
</tr>
<tr>
<td></td>
<td>Check Head and Neck</td>
</tr>
<tr>
<td></td>
<td>Microcephaly</td>
</tr>
<tr>
<td></td>
<td>Fontanelle or sutures abnormal</td>
</tr>
<tr>
<td></td>
<td>Swelling of scalp, abnormal shape</td>
</tr>
<tr>
<td></td>
<td>Neck Swellings, webbing</td>
</tr>
<tr>
<td></td>
<td>Face, Eyes, Mouth or nose abnormal</td>
</tr>
<tr>
<td></td>
<td>Unusual appearance</td>
</tr>
<tr>
<td></td>
<td>Other problems</td>
</tr>
<tr>
<td></td>
<td>Check Limbs and Trunk</td>
</tr>
<tr>
<td></td>
<td>Abnormal position of limbs</td>
</tr>
<tr>
<td></td>
<td>Club foot</td>
</tr>
<tr>
<td></td>
<td>Abnormal Fingers and toes, palms</td>
</tr>
<tr>
<td></td>
<td>Abnormal chest, back and abdomen</td>
</tr>
<tr>
<td></td>
<td>Undescended testis or hernia</td>
</tr>
</tbody>
</table>

**CONSIDER RISK FACTORS IN ALL YOUNG INFANTS (CB p. 6)**

- Signs/symptoms of congenital TB
- Mother on TB treatment
- Admitted to hospital for more than three days after delivery
- Infant weighed less than 2 kg at birth
- Known neurological or congenital problem

**CONSIDER HIV INFECTION (CB p. 7)**

- Has the child had an HIV (PCR) test?  
  - No test
  - Pos test
  - Neg test

If test is negative, is the child being breastfed (or breastfed in the 6 weeks before the test was done)?  
- Yes
- No

If child not tested, has the mother had an HIV test?  
- No test
- Pos test
- Neg test

**THEN CHECK FOR FEEDING PROBLEM OR POOR GROWTH (all young infants; CB p. 8-9)**

<table>
<thead>
<tr>
<th>Breastfeeding</th>
<th>no</th>
<th>yes</th>
<th>times in 24 hours</th>
</tr>
</thead>
</table>

- Difficulties with feeding
- Receiving other food or drinks
- Plotted weight for age
- Weight gain

If yes, what do you use to feed the baby?

**CHECK THE YOUNG INFANT’S IMMUNISATION STATUS (All young infants; CB p. 10)**

- Birth
- BCG
- OPV0
- 6 weeks
- DaPT-IPV-HB-Hib1
- OPV1
- RV1
- PCV1

<table>
<thead>
<tr>
<th>Doses needed today:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next immunisation date:</td>
</tr>
</tbody>
</table>

**ASK ABOUT THE MOTHER OR CAREGIVER’S HEALTH (RECORD FINDINGS AND MANAGEMENT)**
TREAT THE SICK YOUNG INFANT

If the young infant has any difficulty feeding, or is feeding less than 8 times in 24 hours, taking any other food or drinks, or is low weight for age AND has no indication to refer urgently to hospital, assess feeding (CB p. 8,9). Record findings here.

**Assess breastfeeding**
- Breastfed in previous hour? □ yes □ no
- If the mother has not fed in the previous hour, ask the mother to put the child to the breast
- Observe the breastfeed for four minutes, check attachment:
  - Chin touching breast □ yes □ no
  - Mouth wide open □ yes □ no
  - Lower lip turned out □ yes □ no
  - More areola above than below the mouth □ yes □ no
- Not attached □ □ Well attached □ □ Good attachment
- Is the young infant suckling effectively (that is, slow deep sucks, sometimes pausing)? □ Not sucking at all □ Not suckling effectively □ Suckling effectively

If an HIV positive mother has chosen not to breastfeed:
- Which breastmilk substitute is the infant receiving?
- Is enough milk being given in 24 hrs? □ yes □ no
- Correct feed preparation? □ yes □ no
- Any food or fluids other than formula? □ yes □ no
- Feeding utensils? □ cup □ bottle
- Utensils cleaned adequately? □ yes □ no

Return for follow-up in: ________________________________

Give any immunization today: __________

**Name:** __________________________________________

**Designation:** ____________________________________

**Signature:** ____________________________

**SANC no:** __________

**Contact no:** __________________________